DECLARATION AND POWER OF ATTORNEY FOR UNITED STATES PATENT APPLICATION

X	Original	Supplemental	Substit	ute		
As a below-named inventor, I hereby declare that:						
My residence, citizenship and post office address are given below under my name.						
I believe I am the original and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:						
PHENOLIC ANTIOXIDANT-CHROMIUM COMPLEXES FOR TREATMENT OR PREVENTION OF TYPE 2 DIABETES OR GLUCOSE INTOLERANCE						
the specification of which						
X is atta	ached hereto.					
was f	iled on		As			
Application	Serial No.					
And with an	mendments through		(if a	pplicable).		
I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.						
I acknowledge my duty to disclose information of which I am aware which is material to patentability in accordance with Section 1.56 of Title 37 of the Code of Federal Regulations.						
I hereby claim foreign priority benefit under Section 119 of Title 35 of the United States Code of any foreign application(s) for patent or inventor's certificate or of any PCT application(s) designating at least one country other than the United States identified below and also identify below any foreign application for patent or inventor's certificate or any PCT application(s) designating at least one country other than the United States filed by me on the same subject matter and having a filing date before that of the application(s) from which priority is claimed:						
				Priority Claimed		
Country	Numbe	r Filing	Date	Yes No		

I hereby claim benefit under Section 120 of Title 35 of the United States Code of any United States application(s) or PCT application(s) designating the United States identified below and, insofar as the subject matter of each of the claims of this application is not disclosed in said prior application(s) in the manner provided by the first paragraph of Section 112 of Title 35 of the United States Code, I acknowledge my duty to disclose material information of which I am aware as defined in Section 1.56(a) of Title 37 of the Code of Federal Regulations which occurred between the filing date of the prior application(s) and the national or PCT filing date of this application:

I hereby appoint: Dr. Walter Katz, Reg. No. 19,706, as my attorney with full power of substitution and revocation to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. SEND CORRESPONDENCE TO: DIRECT TELEPHONE CALLS TO: DR. WALTER KATZ 8 UMBERLAND PLACE MONROE TOWNSHIP, NEW JERSEY 08831 DR. WALTER KATZ Telephone No. (609) 409-1543	Status		
DR. WALTER KATZ 8 UMBERLAND PLACE DR. WALTER KATZ			
8 UMBERLAND PLACE DR. WALTER KATZ	DIRECT TELEPHONE CALLS TO:		
Fax No.			
I hereby declare that all statements made herein and in the above-identified specification of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
Full name of sole inventor SHIBNATH GHOSAL Inventor's signature Date Sept. 10, 200	003		
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Citizenship India			